MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF COMMUNITY AND PUBLIC HEALTH

Center for Local Public Health Services

MCH PROGRAM GUIDANCE

FOR

FFY 2007 Maternal and Child Health Services Contract

Effective Dates: October 1, 2006 to September 30, 2007

PROGRAM GUIDANCE
For Establishing Outcome-Based
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Section 1: Background

A. Introduction

This document includes an invitation for proposals for funding from local public health agencies. The FFY 2007 contract continues as a fixed-price outcome-based contract.

The primary, focus is to build and maintain a strong system of care to provide core public health functions. To be strong, this system must have six basic components. Those components include the capacity to:

- Identify problems and solutions;
- Continually assess and monitor identified problems;
- Plan and maintain referral systems;
- Assure people are in place who can effectively address needs and assure that regulations are followed;
- Provide education in order to identify problems and solutions; and
- Evaluate how the system is working and use the evaluation information to improve the system.

The core public health functions are central to developing and maintaining a system to coordinate services to meet the needs of a community. No matter whether an issue deals with communicable disease, safety, teen pregnancy or health care for children, when the system is in place, issues will be recognized and dealt with appropriately. Service coordination is 'the glue' that makes the system work seamlessly.

Maternal and child health is just one part of this public health system. This contracting method, "fixed price outcomes-based," proposes to establish a MCH service coordination system, partially funded through Title V Block Grant dollars. The local public health agency (LPHA) will contract to build and maintain this system within their county or city, using a contract that includes certain outcomes.

B. History

For a description of the history of the contributing factors supporting the design of the MCH contract, see Appendix A.

Section 2: Terms and Conditions

A. Intent of Invitation For Proposals (IFP)

It is the intent of the Missouri Department of Health and Senior Services (Department) to enter into a contract to establish within each local public health jurisdiction; an integrated multi-tiered (individual, community and system) service coordination system capable of adapting to address targeted maternal-child health issues.

B. Purpose of the Solicitation

The purpose of the Maternal Child Health (MCH) contract is to provide funding to be used solely to benefit residents of Missouri. Through this contract, the Department and local public health agencies are able to work together to improve the health of Missouri mothers and children through fixed-price outcome-based contracts.

Section 2: Terms and Conditions *(Continued)*

C. Program Structure

The MCH Program operates under the supervision of the Missouri Department of Health and Senior Services, the Division of Community and Public Health, Center for Local Public Health Services, and the MCH Program Manager.

The Department implemented the fixed-price outcome-based contract model to reduce the emphasis on process and input, while increasing the focus on outcomes. Outcome-based contracting becomes a tool for quality improvement, performance assessment, and accountability. There are several advantages to this method of contracting:

Fixed-price outcome-based contracting will 1.) minimize centralized management by the funding agency and 2.) minimize rigid rules.

- Outcome information can assure funders and the public that investments are producing results.
- Agreement on desired results can facilitate cross-system collaboration on behalf of children and their families.
- Information about results enhances community and agency capacity to judge the effectiveness of their efforts. The community can understand whether their programs are having the desired impact.
- A focus on results clarifies whether allocated resources are adequate to achieve the outcomes expected and may more realistically limit the number of outcomes that can be achieved.
- Accountability, with flexibility, to manage the program.

D. Participation Acknowledgement

The Department will supply a brief survey for the LPHA to complete to determine which agencies plan to participate, or not participate, in the MCH service contract for FY2007, and to acknowledge the anticipated FY2007 MCH funding amount. The LPHA acknowledgement survey must contain the name of a Director or other duly authorized individual of the agency/jurisdiction submitting the survey, and be faxed by April 30, 2006 to Evelyn Wilson at 573-751-5350.

E. Core Elements of the MCH Contract

1.) Service Coordination:

Service coordination is a collaborative process, which uses assessment, planning, coordination, implementation and evaluation of options and services, and uses communications and available resources to promote quality and improved outcomes. It is the glue that makes the system work well for clients, for provider groups, and for the whole community. The service coordination element of the contract includes the following intervention tiers:

Individual-focus: The coordination of needed services when working with an individual or family. Interventions that work to change the knowledge, attitudes, beliefs, practices, skills and behaviors of individuals.

Community-focus: The coordination functions performed to assure that preventive interventions and services are available for the entire MCH population of the jurisdiction. Interventions are focused to changing community norms, community attitudes, community awareness, community

Section 2: Terms and Conditions *(Continued)*

practices, and community behaviors. Interventions may be directed at the entire population in a community or sometimes toward target groups within the population.

System-focus: Activities directed at improving and maintaining the health status of all women and children by providing support for infrastructure development and maintenance of comprehensive health systems. Interventions work to change organizations, policies, laws, and power structures. There is less of a focus on the individuals and community, and more focus on the systems that impact health.

2.) Plan of Work: Each MCH contractor will develop a one-year plan of work. Contractors with a multi-year plan of work, which includes FFY 2007, shall proceed with the current work plan. The document should follow the outline as shown in Appendix B, be prepared using a font size of no smaller than twelve (12) and contain page numbers. When completed, the plan of work will become part of the MCH contract.

The plan of work will address the MCH population needs through, the service coordination system components of identification, assessment, referral, assurance, education and evaluation, and the capacity-building outcome for system development based on the MCH Ten Essential Services capacity assessment. The capacity assessment tool based on the MCH Ten Essential Services will be used to help identify system strengths and weaknesses and guide the planning process for proposed systems improvements.

Attention must be given to each system component. Appendix C shows the relationship of the MCH Ten Essential Services to the service coordination system components.

a.) Problem Priority Areas: The MCH contract is focused on eighteen MCH performance measures drawn from the Department strategic plan, Healthy People 2010 goals and objectives, and state MCH priorities.

For the FFY 2007 contract, the Contractor will continue with the problem priority areas targeted for intervention during the FFY 2006 contract year.

b.) Description of MCH System: The plan of work must provide a description of the existing MCH service coordination system for addressing each problem priority area. The description shall define the Contractor's role, and the role of community partners in the existing system at the individual level, the community level and the system level.

The proposed system must describe what will be done to address the priority problem areas and to improve the service coordination system during the contract year. The Contractor shall identify and work with appropriate agencies and community organizations to complete the plan of work.

During an MCH consultant visit, the MCH District Nurse Consultant will facilitate for all MCH Contractors, a discussion to guide the planning process for developing the system descriptions for the MCH problem priority areas in the work plan. The District Nurse Consultant will use the SWON (Strengths, Weaknesses, Opportunities and Needs) analysis tool for the discussion.

The Capacity-building Outcome for System Development is optional for the FFY 2007 contract. For Contractors that decide to include the capacity-building outcome, the SWON analysis discussion will help in preparing that portion of the work plan.

Section 2: Terms and Conditions *(Continued)*

Those affected by decisions based on performance measures should share in creating and selecting the outcomes. Contractors that have a detailed plan of steps to be undertaken are most likely to be successful.

c.) Evidence-based Interventions: The Contractor shall use interventions that are evidence-based, field-tested or validated by expert opinion. The Division of Community and Public Health has as a goal that eighty percent (80%) of interventions implemented by its contracts will be evidence-based.

d.) Outcomes: The Contractor shall include milestones and short-term outcomes in the plan of work. The milestones and short-term outcomes set direction and are a tool for quality improvement, performance assessment and accountability. To meet the challenge of building and strengthening the MCH public health care system, a short-term outcome is much more modest than ultimate health status changes for a population base.

Work on these complex issues has to be broken down into annual manageable pieces. The milestones and short-term outcomes in the plan of work will follow these guidelines.

- Short-term outcomes for the plan of work must state the behavior change to be achieved in the target population, must be defined in measurable and definable terms, and must be completed within the annual cycle of the contract.
- Milestones for the plan of work must be defined for the contract. The milestones are the critical steps that must be achieved to make a change in the attitude, knowledge and skills in the target population. The attainment of the milestones will lead to meeting the short-term outcomes.

e.) Timeline: The contractor shall include a timeline for achieving each milestone and short-term outcome. The contractor and the Department shall negotiate the timeline during the initial writing of the plan of work. The focus is on progress toward meeting outcomes.

f.) 30% Requirement: In this contract a minimum 30% of the Contractor's efforts must be directed toward children with special health care needs. Efforts directed toward children with special health care needs must be identified in the plan of work with an asterisk. See definition of children with special health care needs in Appendix I.

g.) Deliverables: The contract deliverables are the negotiated short-term outcomes.

***h.)* Evaluation and Continuous Quality Improvement:** In order to make operations more efficient, more effective and to achieve continuous improvement, methods to evaluate operations are essential. It is the expectation of the Division of Community and Public Health that each of its Contractors shall define and support processes that includes the systematic collection of information about resources, activities, target population and intended results. Every system supported by MCH Contractors should be continuously redesigned based on evaluation activities to better achieve those intended results.

Refer to Appendix D for a summary of the core elements of the MCH contract.

F. Federal Funding

These monies are made available through the Title V Maternal and Child Health Block Grant of the federal Social Security Act, in anticipation of FFY2007 Maternal and Child Health Block Grant funding being passed by the U. S. Congress and being available by October 1, 2006.

Section 2: Terms and Conditions *(Continued)*

G. Eligibility

The Department of Health and Senior Services is inviting proposals for funding from Missouri local public health agencies. Any Missouri local public health agency is eligible. No proposal may cover an area smaller than a county in size with the exception of Joplin, Independence, Springfield, Kansas City and St. Louis City.

H. Procurement Process

The Department will accept non-competitive proposals from local public health agencies for the FFY 2007 contract period. Proposals shall be submitted in response to this Invitation for Proposals. Completed proposals shall be submitted to the MCH District Nurse Consultant. The MCH District Nurse Consultant will conduct the initial review and negotiation of the content of the proposal. Fully negotiated and agreed upon proposals shall be submitted to the Department-Central Office for final review. Awards shall be made to the Contractor following completion of an approved proposal. See Appendix B for Guidelines and Checklist for Preparing and Submitting Proposals.

I. Negotiation Phase

For a decentralized MCH contract process to be successful, the Department has established a decentralized process to provide technical assistance to LPHAs and to conduct the initial review of the proposals.

MCH District Nurse Consultants are the initial contact with the LPHA in the development and preliminary negotiation of the contract plan of work. The Department delegates to the MCH District Nurse Consultants, the initial negotiation of the plan of work between the LPHA and the Department. During this process, the Contractor and the MCH District Nurse Consultants shall define the issues that contribute to the problem priority area, clearly define the characteristics of the target population, and negotiate milestones, short-term outcomes, or other items in the plan of work.

Completed proposals received by the MCH District Nurse Consultant on or before June 9, 2006, will be considered for the FFY 2007 contract. Proposals received after June 9, 2006, may be given consideration if time allows and only in the order they were received. Discussion meetings to complete the proposals are scheduled through the MCH District Nurse Consultant.

Contractors are encouraged to make the appointment for discussion. The timeline for contract preparation is specified in Section Z of this document. Both the MCH District Nurse Consultant and the Contractor must agree to the proposal in advance of the contract process. Once the MCH District Nurse Consultant and the Contractor are in agreement on the proposal to be submitted to the Department Central office for final review, the plan will be sent to the MCH Program Manager. The negotiation process may begin any time after receipt of the Invitation For Proposals.

J. Clarification

The Department reserves the right to request clarification of information submitted and to request additional information regarding the proposal.

K. Authorization

The name of the offeror must be that of the LPHA Administrator or other duly authorized individual of the agency/jurisdiction submitting the proposal.

Section 2: Terms and Conditions *(Continued)*

L. Award

Funding for FFY 2007 is non-competitive and awarded using a base amount of $15,000 plus a proportion of total funds based on each county's respective female-child poverty ratio[1].

The award amounts for each county/city (See Appendix E) are calculated based on FFY 2007 Federal funding, the 2000 census, and 2000-2004 birth certificate data. Award amounts for subsequent years will be affected by the Federal funds available to Missouri.

M. Joint Submission

Agencies may work collectively in multi-county groups to address needs across a larger population base. In such cases, funding will be based on the total available to the jurisdictions working in the collaborative relationship. Multi-county proposals must address the priority problem areas identified for each jurisdiction and must describe how the contract effort is to be distributed among the jurisdictions. One (1) agency must be designated as the Contractor. Letters of agreement are required if there is a multi-county plan of work or if the plan of work involves working with other health departments. Letters of agreement must be included with the contract proposal.

N. Contract

When the proposal is completed and submitted to the Department, the complete proposal shall be appended to the contract, and shall be incorporated as an integral part of the contract.

O. Contract Model

The contractor will be accountable for achieving the negotiated outcomes. The MCH Outcome Funding Plan is discontinued for FFY 2007.

The contractor is expected to submit all reports and invoices by the contract deadline, and attend two MCH professional development offerings provided by the Maternal Child Health Program. One meeting is held in the fall and the second required meeting is the spring. While all MCH meetings are developed to meet the education needs expressed by Contractors, any other district meetings provided by the MCH program are considered optional.

P. Period of Contract

The MCH contract will be a one-year contract, from October 1, 2006 to September 30, 2007. The contracts will be prepared as part of the Department Consolidated Contract, with the exception of Contractors that are completing a multi-year plan of work that includes FFY 2007.

Q. Amendments

During the FFY 2007 contract year, no later than April 30, 2007, the contract may be amended. The Contractor may re-negotiate target population and contract short-term outcomes. The contractor may substitute short-term outcomes if the Department feels they are of equal value to the original outcomes. Acceptance of substitute outcomes is discretionary on the part of the Department. Anything re-negotiated will be handled with an amendment.

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[1] A female child poverty index factor is determined for each county in Missouri by the Center for Health Information Management and Epidemiology (CHIME). The female child poverty index is a composite of two (2) factors for each of the 119 jurisdictions: Maternal-infant indicator (births to adolescents, or infant and fetal deaths, or low birth weight) and Women (15-44) and children (under age 18) under 185% of poverty. The female child poverty index for the FFY 2007 MCH Contract is based upon the most current data available: 2000-2004 data for births, fetal and infant deaths and Census 2000 poverty data. The base-funding amount is multiplied by 119 and subtracted from the total funding amount for the contract. The difference is then multiplied by the female child poverty index factor for each county and added to the base-funding amount to arrive at the total award amount for each LPHA.

Section 2: Terms and Conditions *(Continued)*

Requests for amendment are to be submitted electronically to the MCH District Nurse Consultant. Both the Contractor and a MCH District Nurse Consultant must agree on the amendment prior to the MCH District Nurse Consultant submitting the document to the Department.

The Department reserves the right to request clarification of the amendment submitted and to request additional information regarding the amendment.

R. Reporting Requirements

1.) Mid-year Report

a.) **Section One: Progress on Milestones:** Progress toward the planned milestones will be monitored by semi-annual reports submitted to the Department. The reports will be a brief description of performance in achieving the milestones that were set for the reporting period and progress toward achieving future milestones. Reports are due on the last day of the months of April, and October. (See Appendix F for the form/format and instructions for completing the mid-year report.)

The Contractor shall inform the Department of any significant delays or adverse conditions, actual or anticipated, as soon as they become known if they will materially affect the milestones or cause the plan of work to fall behind schedule.

b.) **Section Two: Report of Compliance with Special Provisions:** Compliance with special provisions of the contract will be monitored by reports submitted to the Department. In fulfilling this contract the Contractor will attest compliance with the following special provisions:

- Has used contract funds only to address MCH issues as specified in part 6.3 of the contract Scope of Work.
- Has not used MCH contract funds to replace or supplant state or federal funds for any service included in this contract.
- Has not used MCH contract funds for purpose of performing, assisting, or to encourage abortion.
- Has not charged individuals with income below 100% of the federal poverty guidelines for services provided using MCH contract funds.

The name of the contractor's fiscal officer or director/administrator will be submitted on the report, certifying the funds have been expended as specified by the terms and conditions of the contract. An ink-signed form is not required.

c.) **Section Three: Match Funding**: In order to receive federal Title V MCH Block Grant funds, the State of Missouri must match three non-federal dollars for every four federal dollars expended. It is important to meet this because State supported appropriations for maternal and child health related work is shrinking. The Department is asking for continued commitment from each LPHA to make a good faith effort to help the State meet this obligation by reporting the local dollars spent on MCH issues. The Department recognizes that the amount of match funds by every jurisdiction may vary somewhat. The Department is not requiring a fixed amount of match.

Section 2: Terms and Conditions *(Continued)*

Reporting of local match dollars may be a cash match from any non-federal source, and must be clearly documented as efforts towards maternal and child health. Any funds offered as Section 3: match may not also be used to match in another funding source. (See Match Funding Reporting form in Appendix F Matching local funds expenditures may include the following:

- Personnel salary costs.
- Fringe benefits paid to employees.
- Travel expenses, such as mileage, meals, lodging for work or to attend professional development workshops for maternal and child health.
- Purchase of equipment, excluding the purchase of major medical equipment, may include such items as audio-visual equipment, examination equipment, or other equipment purchased with local funds and used to support maternal and child health work.
- Purchase of supplies, including office supplies and any materials purchased specifically for maternal child health work.

2.) Year-end Report

An annual performance report, due on October 30th following the end of the FFY 2007 contract period, will report on milestones set for the last six months of the contract period, compliance with special provisions, match funding and the short-term outcomes as defined in the contract plan of work.

a.) **Section One: Progress on Milestones:** As described above.

b.) **Section Two: Report of Compliance with Special Provisions:** As described above.

c.) **Section Three: Match Funding:** As described above.

d.) **Section Four: Short-term Outcomes:** The information in the reports will get at issues such as: What results were produced, why, and what's next? Were there any external factors or unanticipated effects, adverse or even beneficial, that had an impact on achieving the outcomes? Were barriers encountered? What got in the way? What tripped you up?

See Appendix G for form/format and instructions on completing the year-end report.

S. Submission of Report Forms

In an effort to conserve staff time, postage and other resources, mid-year and year-end report forms are to be submitted electronically. Contractors are to e-mail reports to the MCH Program Manager and the MCH District Nurse Consultant.

T. Payments

The contract award amount will be disbursed in equal monthly payments, following the Department's receipt on an invoice from the Contractor. The Contractor shall use the Vendor Request For Payment (DH-38) standard invoice form/format for MCH billing (See example invoice in Appendix H).

Invoices submitted to the Department shall be uniquely identifiable invoices. Uniquely identifiable means the invoice can be distinguished by invoice number from a previously submitted invoice. The format for invoice numbers for the MCH contract is to be as follows: "MCH" to identify the program;

Terms and Conditions *(Continued)*

two digits for the month, and two digits for the calendar year; (i.e.; the invoice number for the month of October 2007 would be entered as "MCH 10-07").

Monthly invoices are due on the last day of the month following each contract month. The final invoice is due to the Department on October 30th following the end of the FFY 2007 contract period.

U. Use of Funds

Contract funds must be used to address MCH issues. MCH contract funds must be expended during the current contract year. The Contractor may subcontract funds for contract activities. Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings or major medical equipment.

V. LPHAs as Medicaid Providers

No contract provisions preclude the Contractor from being a Medicaid provider. Contractors shall not use contract fund for services reimbursed under Medicaid.

W. On-Site Visits

During the contract year the MCH District Nurse Consultant will assess the Contractor's compliance with the terms of the contract, to verify the Contractor is making progress to achieve the contract outcomes and to discuss local capacity to support the MCH Ten Essential Services through the use of the Strength, Weakness, Opportunity and Needs (SWON) analysis tool.

District staff will assess to see that public health services encompassed by the contract are being addressed and that the agreed upon components of the multi-tiered service coordination system exist or are being established.

The focus of this visit is on consultation and technical assistance to assist the Contractor in acquiring the resources and expertise necessary to address targeted performance measures.

X. Contract Documentation Requirements

All contractors shall have documentation necessary to evaluate compliance with the terms of the contract. The documentation will provide the necessary evidence to determine contract compliance.

1.) Report forms, to document performance toward meeting the contract outcomes, for the reporting period being reviewed.

2.) Documentation to verify achievement of the short-term outcome specified in the MCH plan of work.

3.) Financial verification will focus on assurance that funds were expended for MCH issues and verification of local match expenditures.

Y. Technical Assistance

The Department wants to maximize what can be delivered for the MCH dollars available by providing technical assistance. Education will be provided based on an assessment of the professional development needs of Contractors. The Department will consider other requests for appropriate technical assistance.

Section 2: Terms and Conditions *(Continued)*

Z. Calendar of Events

Event	Deadlines For FFY 2007 MCH Contract
Participation Acknowledgement received by the Department – Central Office, MCH Program Manager.	04-30-06
Proposal must be submitted to the MCH District Nurse Consultant for review on or before. Appointments for final discussion meetings with Contractors may begin any time after receipt of IFP.	06-09-06
Negotiation of proposed plan of work with MCH District Nurse Consultant must be completed.	07-21-06
The Department - Central Office, must receive final plan of work.	08-04-06
Contract begins.	10-01-06
The Department – Central Office, must receive requests for contract amendments	04-30-07

The participation acknowledgement is to be received (by personal delivery, mail, or fax) by the MCH Program Manager, in the Center for Local Public Health Services, by **5 p.m.** on the deadline date indicated.

The initial plan of work must be submitted electronically to the MCH District Nurse Consultant. Completed proposals received by the MCH District Nurse Consultant on, or before, June 9, 2006, will be considered for the FFY 2007 contract. The final plan of work must be submitted electronically to the MCH District Nurse Consultant on, or before July 21, 2006.

The MCH Program Manager, in the Missouri Department of Health and Senior Services, Center for Local Public Health Services, shall receive the final electronic copy of the plan of work, by **5 p.m**. on August 4, 2006. The plan of work will be reviewed, and may be accepted or returned for clarification or changes. Contractors will be notified as soon as possible when their plan of work requires clarification or changes.

The contract period will be the federal fiscal year, October 1, 2006 through September 30, 2007.

Appendix A

History

As public health dollars become more scarce, it is increasingly important that each dollar be used prudently. Several factors contribute to and support the MCH contract.

GPRA: The federal Government Performance and Results Act took effect in 1997. To meet the challenges, all levels of government need to maintain high-performing organizations, to focus on performance management and to use effective methods. GPRA is a tool Congress created to focus the budget process on results, rather than merely good intentions. The GPRA structure of strategic plans, annual performance plans and annual performance reports is a framework for integrating planning, budgeting and accountability processes, calling for more efficient organizations at all levels of government.

Healthy People 2010: The Department is committed to the Healthy People 2010 goals and objectives. Achievement of objectives is dependent upon the ability of health agencies in all levels of government and non-governmental organizations to assess objective progress.

HRSA: The Health Resources and Services Administration, a lead Federal agency in promoting improvements to the Nation's health, has one primary goal: Access to care for everyone. HRSA has four strategies to support this goal: 1.) Eliminate barriers to care 2.) Eliminate health disparities, 3.) Assure quality of care, and 4.) Improve public health and health care systems. The work is carried out through HRSA programs that provide funding to the States. The Maternal Child Health Bureau (MCHB) Block Grant Program is one of their programs, which began using performance measures in 1997 to orchestrate their partnership with the States.

Missouri's Experience: Between 1999 and 2001, the Department structured the MCH contract around the MCH Block Grant 1997 performance measures. The Department needed to move toward more functional performance measure outcomes. The design of the contract for the MCH Program is focused on creating a stronger MCH public health system in order to achieve improved outcomes. To make this design operational, the MCH contract is a fixed-price and outcomes-based contract.

Philosophy Behind The MCH Service Coordination System: Improved health outcomes can best occur when the community works together to assure access to needed personal and population-based health services. To assure a strong responsive MCH health care system state-wide, efforts need to be focused at three levels: when working with just one individual or family, when looking at community needs, and when addressing the public health infrastructure system level. At all levels, certain mechanisms are needed: sharing information about health care issues with the public; assuring accountability and providing population-based preventive services; and follow-up to help secure adequate health care for women and their families. The six components of MCH service coordination system (Identification, Assessment, Referral, Assurance, Education and Evaluation) support this philosophy and the core public health functions. Service coordination is the key factor required to build a strong system that addresses the needs of individuals, the community and the public health system.

MCH Ten Essential Services: One of the changes in our national health care system in recent years is the increased attention to integrating health care delivery networks. The core public health functions of assessment, policy development and assurance and the essential public health services to improve the health of the entire population have been identified to meet national health objectives. National MCH leaders defined the elements of public health systems and services that are needed to enhance the public sector capacity to respond to the unique needs of the MCH population. The framework of the essential MCH services makes operational the core public functions in the context of maternal and child health. It gives local, state, and federal MCH staff a tool that can be used to plan and develop stronger MCH health systems. It is upon this framework that the MCH contract design is based. Within this philosophy, there is a strong focus on meeting the needs of all children with a special health care need. Service coordination within the MCH system includes addressing children with special health care needs.

Appendix B

Guidelines and Checklist for Preparing MCH Proposals

NOTE: Proposals are to be page numbered consecutively through entire document, and prepared using a font size of twelve (12).

Section One: Cover Page - Agency Information

Instructions: Complete the cover page of the proposal. The following agency information must be on the first page of your proposal:

1. Name of the agency or agencies involved.
2. Contact person and the telephone number.
3. Name of area(s) to be served.
4. Name of the administrator and date (original signature not required).

Section Two: Plan of Work

Capacity Building Outcome for System Development (*Optional*)

NOTE: This element is designed to help the LPHA identify systems and capacity gaps and to design processes for systems improvement. This component, while not part of the negotiated percentage conditions elsewhere required, will help in the development of your proposed system.

Instructions: Based on the MCH Ten Essential Services capacity assessment process, complete a separate short-term outcome for an MCH Essential Service. For best results toward systems development, be sure to address each category listed below.

A. MCH Essential Service to be addressed and Statement of the Problem

MCH Essential Service:
Instructions: What is the MCH Essential Service you are working on?

Statement of the Problem:
Instructions: What is the story behind the data? What are the root causes that contribute to this problem? What are all of the things that contribute to this being a problem in your community?

B. Description of Target Population

Instructions: Given what contributes to this being a problem in your community, and what is being done to address the problem, what group has been chosen to work with as the target population? Provide the following information about the target population:

- *What is the target population?*
- *Size of the target population?*
- *What are the unique characteristics of the target population, which made the community choose them for the intervention?*

C. Short-term Outcome

Instruction: Given the target population chosen, and the improvements planned for the coming year, what outcome do you expect to achieve? What is the behavior change you want to see as a result of the intervention? By what date do you expect to see the completed outcome results? What will be measured to verify the results achieved? How will the outcome be documented in order to verify the results?

D. Milestones

Instruction: While the intervention is being done, milestones help tell if the intervention is working and on-track. As the intervention is occurring, are the expected incremental changes happening? Milestones are not a listing of activities to be done.

E. Key Individuals

Instructions: Who is the one person who will coordinate the work for this short-term outcome? What is their name? Why is that person the best person?

F. Community Partners

Instructions: This section will show how the community plan will work. This is where you describe what will be done by other community partners to help increase the probability of success of the intervention and to help build community capacity. This is where the community plan of action should show up. Show the community partner's investment in the plan.

Health Performance Measure Outcomes

Instructions: Complete a separate plan of work for a minimum of two and a maximum of four Problem Priority Areas targeted for intervention in the FFY06 contract Be sure to address each category listed below.

In this contract 30% of the Contractor's efforts must be directed toward children with special health care needs. Efforts directed toward children with special health care needs must be identified in the plan of work with an asterisk.

A. Priority Problem Area and Statement of the Problem

Priority Problem Area:
Instructions: What is the priority problem area you are working on?

Statement of the Problem:
Instructions: What is the story behind the data? What are the root causes that contribute to this problem? What are all of the things that contribute to this being a problem in your community? This could be the information from a causal diagram.

B. Existing MCH Service Coordination System

Instructions: Describe the way the existing MCH service coordination system works. Describe the role of community partners and the contractor's role in the existing system. For each of the six elements, describe what is happening currently at the individual level, at the community level and at the system level.

Definitions for each level:

Individual: Interventions that work to change the knowledge, attitudes, beliefs, practices, skills and behaviors of individuals. The interventions are focused on individuals alone, or as part of a family or group.

Community: Interventions that are focused to changing community norms, community attitudes, community awareness, community practices, and community behaviors. Interventions may be directed at the entire population in a community or sometimes toward target groups within the population.

System: Interventions work to change organizations, policies, laws, and power structures. There is less of a focus on the individuals and community, and more focus on the systems that impact health.

Example: As it relates to the education component, for the prevention of youth smoking.

Individual: The Jefferson Middle School, health department, and law enforcement staff collaborates to implement the youth smoking prevention intervention that increases knowledge of the risks of smoking, change attitudes toward tobacco use, and improve resistance skill among students 12-14 years of age.

Community: The health department staff coordinates a youth led public campaign to change community norms about tobacco use among youth.

System: The _____ County Healthy Community Coalition will work with the city council in Happy Town and Other Town to enforce laws restricting the sale of tobacco to youth.

1. Identification: What is being done now to diagnose and investigate health problems and health hazards for women, children and youth? What is being done now to research or find new solutions to MCH problems?
   Individual:
   Community:
   System:
2. Assessment: How does your community currently assess and monitor MCH status to identify and address problems?
   Individual:
   Community:
   System:
3. Referral: How do community partnerships currently work between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems? What is currently occurring to link women, children and youth to health and other community and family services, and to assure access to comprehensive, quality systems of care?
   Individual:
   Community:
   System:
4. Assurance: What is currently happening to assure the capacity and competency of the public health and personal health workforce to effectively address MCH needs? How does your community currently promote and enforce legal requirements of the public health and personal health and safety of MCH population, and ensure accountability for their well being?
   Individual:
   Community:
   System:
5. Education: How does your community currently inform and educate the public and families, the general public, and others to identify and solve MCH problems?
   Individual:
   Community:
   System:
6. Evaluation: How does your community currently evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services? In what ways does your community currently provide leadership for setting priorities, planning, and policy development to support community efforts to assure the health of MCH population?
   Individual:
   Community:
   System:

C. Description of Target Population

Instructions: Given what contributes to this being a problem in your community, and what is currently being done to address the problem, what group has been identified to work with as the target population? Provide the following information about the target population:

- *What is the target population?*
- *Size of the target population?*
- *What are the unique characteristics of the target population, which made the community choose them for the intervention?*
- *What is the baseline data of the target population that relates to the intervention to be used?*
- *What were the results of the intervention last year and other previous years?* ***This is very important to have before writing the short-term outcome.***

D. Proposed MCH Service Coordination System

Instructions: Describe what your community proposes to make the MCH Service Coordination System better. Given the way the community system currently works, the target population identified, and the current system capacity, what needs to be done in the next contract year to help make the system stronger?

1. Identification: What else in your service area <u>needs to be done</u> or what changes need to be made to better diagnose and investigate health problems and health hazards for women, children and youth? What else <u>needs to be done</u> to research or find new solutions to MCH problems?
   Individual:
   Community:
   System:
2. Assessment: What <u>needs to happen</u> so your local processes improve to better assess and monitor MCH status to identify and address problems?
   Individual:
   Community:
   System:
3. Referral: What <u>needs to be done</u> so community collaboration can be strengthened (between policy makers, health care providers, families, the general public, and others) to identify and solve MCH problems? What <u>needs to change</u> to link women, children and youth to health and other community and family services, and to assure access to comprehensive, quality systems of care?
   Individual:
   Community:
   System:
4. Assurance: What else <u>needs to be done</u> to assure the capacity and competency of the public health and personal health workforce to effectively address MCH needs? What <u>needs to change</u> to better promote and enforce legal requirements of the public health and personal health and safety of MCH population, and ensure accountability for their well being?
   Individual:
   Community:
   System:
5. Education: How does the community <u>need to change</u> to better inform and educate the public and families, the general public, and others to identify and solve MCH problems?
   Individual:
   Community:
   System:

6. Evaluation: What changes does your community need to make to better evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services? In what ways does your community need to change to provide leadership for setting priorities, planning, and policy development to support community efforts to assure the health of MCH population?
   Individual:
   Community:
   System:

E. Short-term Outcome

Instruction: The short-term outcome is the strongest measure to see if the intervention worked. Given the target population chosen, the improvements planned for the coming year, and the intervention to be used next year, what outcome do you expect to see? What is the behavior change you want to see as a result of the intervention? Just give one behavior change. By what date do you expect to see the behavior change? How will the results be documented to verify the results achieved? *Example: By (Date: Month, day and year), X percent of (target population) will (give the changed behavior you hope to see), as verified by (tell how the data will be permanently documented).*

F. Milestones

Instruction: While the intervention is being done, milestones help tell if the intervention is working. As the intervention is occurring, are the expected incremental changes happening? Are people learning the things the intervention said they should learn? Are people making changes in their attitude about risky behaviors or healthy behaviors? Are they learning skills to help them break the unhealthy habits or use healthy habits? Milestones are not a listing of activities to be done.

G. Key Individuals

Instructions: Who is the one person who will coordinate the work for this performance measure? What is their name? Why is that person the best person?

H. Community Partners

Instructions: This section will show how the community plan will work. This is where you describe what will be done by other community partners to help increase the probability of success of the intervention and to help build community capacity. This is where the community plan of action should show up. Show the community partners investment in the plan.

Instructions and Checklist for Submitting Proposals

Section One: For submission to the MCH District Team for final review

A. Assemble an electronic copy of the full proposal.

B. Send by e-mail, an electronic copy of completed proposal to the MCH District Nurse Consultant.

C. Submission Deadline: the MCH District Nurse Consultant must receive proposals by June 9, 2006.

NOTE: Completed proposals received by the MCH District Nurse Consultant on, or before, June 9, 2006, will be considered for the FFY 2007 contract.

Section Two: For submission of Final Proposal Packet to DHSS – Central Office

A. Assemble electronic copy of proposal. Proposal items are to be in the following order:

1. Cover Page – *Includes agency information, date and the name of the person who authorized the proposal.*
2. Proposal for each problem priority area and capacity building outcome.

B. E-mail completed proposal to your MCH District Nurse Consultant by July 21, 2006. Only electronic copies will be accepted.

C E-mail submission deadline to Department of Health and Senior Services – Central Office:
Must be received by 5 p.m., on August 4, 2006.

D. If submitting a multi-county proposal, Letters of Agreement shall be mailed separately to the MCH District Nurse Consultant, who will forward the items to the Department:

Appendix C

Elements of FFY 2007 MCH Contract

Purpose: To establish an integrated multi-tiered service coordination system (individual, community and system) capable of adapting to address targeted maternal-child health issues.

MCH Service Coordination System:

Components of System	Related MCH Essential Service
Identification	• Diagnose and investigate health problems and health hazards affecting women, children and youth. (2) • Support research and demonstrations to gain new insights and innovative solutions to MCH problems. (10)
Assessment	• Assess and monitor maternal and child health status to identify and address problems. (1)
Referral	• Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve MCH problems. (4) • Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. (7)
Assurance	• Assure the capacity and competency of the public health and personal health workforce to effectively address MCH needs. (8) • Promote and enforce legal requirements of the public health and personal health and safety of MCH population, and ensure accountability for their well being. (6)
Education	• Inform and educate the public and families, the general public, and others to identify and solve MCH problems. (3)
Evaluation	• Evaluate the effectiveness, accessibility, and quality of personal health and population-based MCH services. (9) • Provide leadership for setting priorities, planning, and policy development to support community efforts to assure the health of MCH population. (5)

Appendix D

Core Elements of the MCH Contract

Service Coordination	Individual: The coordination of needed services when working with an individual or family. Interventions that work to change the knowledge, attitudes, beliefs, practices, skills and behaviors of individuals. * Community: The coordination functions performed to assure that preventive interventions and services are available for the entire MCH population of the jurisdiction. Interventions are focused to changing community norms, community attitudes, community awareness, community practices, and community behaviors. Interventions may be directed at the entire population in a community or sometimes toward target groups within the population.* System: Activities directed at improving and maintaining the health status of all women and children by providing support for infrastructure development and maintenance of comprehensive health systems. Interventions work to change organizations, policies, laws, and power structures. There is less of a focus on the individuals and community, and more focus on the systems that impact health.* *This definition and service coordination system encompasses children with special health care needs.
Plan of Work	Contractor will develop a formal plan to address MCH population needs and the system components of service coordination. Using defined selection criteria, the plan of work must address the problem priority areas included in the FFY 2006 contract. Other community funding sources may address problem areas. Elements of plan: What the Contractor will do to address problem areas and build capacity Evidence-based interventions Milestones and short-term outcomes for plan of work A timeline for achieving each outcome At a minimum, 30% of efforts must be directed toward children with special health care needs. Deliverables: Negotiated short-term outcomes
Negotiation Phase	Plan will be submitted to District staff for review and negotiation. Negotiated plan submitted to DHSS.
Reporting	Progress toward contract outcomes monitored by quarterly and annual reports submitted to DHSS.
Payments	Award amount disbursed in 12 equal payments.
Contract	The Contractor is assured to receive the full contract amount in FFY07, providing good faith efforts are documented. The program manager will track contract outcomes. During the contract year the Contractor can substitute outcomes, if the DHSS determines they are of equal value to the original outcomes. Acceptance of substitute outcomes is discretionary on the part of the DHSS. Funding: Non-competitive, based on current allocation formula and MCH Outcome Funding Plan.
On-site visits	MCH District staff will monitor to see that public health services encompassed by the contract are being addressed and agreed upon components of multi-tiered service coordination system exist or are being established.
Technical Assistance	District meetings to discuss the contract planning. Education will be provided based on assessment of the professional development needs of Contractors. Other appropriate technical assistance requests will be considered by the DHSS.

Appendix E

FFY 2007 CONTRACT AMOUNTS

COUNTY / CITY	Contract Amount
Adair	$22,380
Andrew	$18,860
Atchison	$16,373
Audrain	$23,559
Barry	$28,377
Barton	$19,203
Bates	$20,482
Benton	$19,678
Bollinger	$18,965
Boone	$55,908
Buchanan	$42,431
Butler	$31,221
Caldwell	$17,756
Callaway	$26,489
Camden	$24,914
Cape Girardeau	$34,638
Carroll	$17,927
Carter	$17,460
Cass	$33,701
Cedar	$19,356
Chariton	$17,094
Christian	$29,925
Clark	$17,148
Clay	$35,756
Clinton	$20,174
Cole	$31,377
Cooper	$19,258
Crawford	$23,553
Dade	$17,475
Dallas	$20,997
Daviess	$17,838
De Kalb	$17,662
Dent	$20,228
Douglas	$19,536
Dunklin	$31,081
Franklin	$38,417
Gasconade	$19,025
Gentry	$17,021
Greene	$34,003
Grundy	$18,502

COUNTY / CITY	Contract Amount
Harrison	$17,965
Henry	$21,442
Hickory	$17,622
Holt	$16,617
Howard	$18,058
Howell	$29,371
Independence City	$47,010
Iron	$19,235
Jackson	$63,882
Jasper	$37,699
Jefferson	$63,712
Johnson	$30,086
Joplin City	$32,612
Kansas City	$189,213
Knox	$16,248
Laclede	$27,390
Lafayette	$24,074
Lawrence	$27,930
Lewis	$17,851
Lincoln	$26,504
Linn	$19,208
Livingston	$19,525
Macon	$19,855
Madison	$19,467
Maries	$17,630
Marion	$24,164
McDonald	$25,468
Mercer	$16,132
Miller	$22,922
Mississippi	$22,359
Moniteau	$18,941
Monroe	$17,560
Montgomery	$18,807
Morgan	$21,378
New Madrid	$23,905
Newton	$30,060
Nodaway	$20,379
Oregon	$18,907
Osage	$17,630
Ozark	$18,149

COUNTY / CITY	Contract Amount
Pemiscot	$28,278
Perry	$20,619
Pettis	$29,128
Phelps	$28,154
Pike	$20,544
Platte	$22,046
Polk	$24,290
Pulaski	$29,762
Putnam	$16,898
Ralls	$17,355
Randolph	$23,232
Ray	$20,682
Reynolds	$17,498
Ripley	$20,801
Saline	$22,080
Schuyler	$16,258
Scotland	$16,536
Scott	$32,005
Shannon	$18,815
Shelby	$17,347
Springfield	$67,144
St. Charles	$69,001
St. Clair	$18,148
St. Francois	$34,026
St. Louis City	$203,433
St. Louis County	$247,545
Ste. Genevieve	$18,531
Stoddard	$25,666
Stone	$23,590
Sullivan	$17,739
Taney	$27,934
Texas	$24,299
Vernon	$21,956
Warren	$21,679
Washington	$25,567
Wayne	$19,858
Webster	$26,133
Worth	$15,595
Wright	$22,993

Appendix F

FFY 2007 MCH Mid-year Report Form/Format

Contractor: _____ Reporting Period: _____

Section One: Progress on Milestones

Instructions: Describe the progress in your work plan for the reporting period using the following form and instructions. Submit report by e-mail to the MCH District Nurse Consultant and to Department of Health and Senior Services, Center for Local Public Health Services, MCH Program Manager.

1.) Progress toward achieving the milestones. *(List the milestones that were to be achieved during the three-month reporting period? Give the information/data that explains the milestones were achieved.* ***If no milestones were due this reporting period, report the progress toward achieving future milestones.***

2.) If milestones were not achieved, indicate the reasons and future plans to achieve the milestones. *(For milestones that were not achieved, explain why and what corrections are in place to achieve the milestones.)*

3.) State the reasons and future plans to achieve the milestones. *(For milestones that were not achieved, explain why and what corrections are in place to achieve the milestones.)*

4.) Areas where milestones were exceeded. *(Describe favorable developments, which enabled meeting the milestones sooner than anticipated, or producing more beneficial results than originally anticipated.)*

Section Two: Report of Compliance with Special Provisions

Instructions: Attach Section Two report to the mid-year report on milestones, and submit report by e-mail to the MCH District Nurse Consultant and to Department of Health and Senior Services, Center for Local Public Health Services, MCH Program Manager.

In fulfilling this contract, our agency attests to compliance with the following special provisions: *Check all that apply below*

___ Has used contract fund to address MCH issues as specified in part 6.3 of the contract Scope of Work.

NOTE*: MCH contract funds must be expended by September 30, 2007.*

___ Has not used MCH contract funds to replace or supplant state or federal funds for any service included in this contract.

___ Has not used MCH contract funds for purpose of performing, assisting, or encouraging abortion.

___ Has not charged Individuals with income below 100% of the federal poverty guidelines for services provided using MCH contract funds.

I certify to the best of my knowledge and belief that this report is correct and complete and that funds have been expended as specified by the terms and conditions of the contract.

_____ _____
Name of Authorized Official: Financial Office or Director *Date*

_____
Phone Number

Appendix F **FFY 2007** MCH Mid-year Report Form/Format *(Continued)*

FFY 2007 MCH Mid-year Report

Contractor: _____ Reporting Period: _____

Section Three: Match Funding for Maternal and Child Health work. *

Expenditure Classification Description	Local Match Amount (non-federal)
Salaries (Including fringe benefits) Enter description:	Enter dollar amounts(s):
Travel (Mileage, meals, lodging for work or to attend professional development workshops for maternal and child health.) Enter description:	Enter dollar amounts(s):
Equipment (Excluding major medical equipment.) Enter description:	Enter dollar amounts(s):
Supplies (Office supplies or other materials.) Enter description:	Enter dollar amounts(s):
Total Amount	

The above amounts are in agreement with the Contractor's official accounting records. Documentation files of individual employee time reports and other expenditures are on file documenting all Contractor local match funds for maternal and child health efforts.

_____ _____

Name of Authorized Official: Financial Office or Director *Date*

***** NOTE**: A fixed amount of match is not required; rather a record of local support toward MCH issues is requested.**

Appendix G

FFY 2007 MCH Year-year Report Form/Format

Progress on Short-term Outcomes

Contractor: _____ Report prepared by: _____

Instructions: Repeat Sections One, Two and Three as completed for the mid-year report. Complete Section Four to describe the results of the evaluation of your work plan for the contract period. For each short-term outcome, describe the following: 1.) The data to verify the short-term outcome was met, and describe your progress toward achieving the outcome, 2.) If outcomes were not achieved, indicate the reasons and future plans to achieve the outcomes, and 3.) Areas where short-term outcomes were exceeded. Submit report by e-mail to the MCH District Nurse Consultant and to the Department of Health and Senior Services, Center for Local Public Health Services, MCH Program Manager.

Section One: Progress on Milestones: As described in Appendix F.

Section Two: Report of Compliance with Special Provisions: As described in Appendix F.

Section Three: Match Funding: As described in Appendix F.

Section Four: Short-term Outcomes

1. *(Type in here, your Capacity-building Outcome for System Development)*
   a.) Progress toward achieving the short-term outcome. *(What were the FY07 results? Include the data/numbers results to verify the outcome evaluation.)*
   b.) If outcome was not achieved, indicate the reasons and future plans to achieve the outcome.
   c.) Areas where outcome was exceeded.
2. *(Type in here, your Short-term Outcome #1)*
   a,) Progress toward achieving the short-term outcome. *(What were the FY07 results? Include the data/numbers results to verify the outcome evaluation.)*
   b.) If outcome was not achieved, indicate the reasons and future plans to achieve the outcome.
   c.) Areas where outcome was exceeded.
3. (*Type in here, your Short-term Outcome #2)*
   a.) Progress toward achieving the short-term outcome. *(What were the FY07 results? Include the data/numbers results to verify the outcome evaluation.)*
   b.) If outcome was not achieved, indicate the reasons and future plans to achieve the outcome.
   c.) Areas where outcome was exceeded.
4. (*Type in here, your Short-term Outcome #3)*
   a.) Progress toward achieving the short-term outcome. *(What were the FY07 results? List the data results for the outcome evaluation.)*
   b.) If outcome was not achieved, indicate the reasons and future plans to achieve the outcome.
   c.) Areas where outcome was exceeded.

Appendix H

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

VENDOR REQUEST FOR PAYMENT

VENDOR USE		
VENDOR NAME		INVOICE NUMBER
VENDOR REMIT TO ADDRESS		
STATE VENDOR NUMBER	BILLING PERIOD	
CONTRACT NAME / SERVICE	CONTRACT NUMBER	AMOUNT REQUESTED
COMMENTS		

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT.

AUTHORIZED SIGNATURE ▶	TITLE	DATE

FOR DHSS PROGRAM USE ONLY		
PURCHASE ORDER (SC, SCS DOCUMENT NUMBER)	RECEIVER DOCUMENT (RC) NUMBER	
PROGRAM / BUREAU APPROVAL SIGNATURE(S)	TITLE	DATE APPROVED
COMMENTS		

ACCOUNTING DISTRIBUTION			DATE STAMP, ETC.
SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	
		P F	
		P F	
		P F	
		P F	
		P F	
APPROVED PAYMENT AMOUNT			

ACCOUNTS PAYABLE SIGNATURE ▶	DATE PROCESSED

Appendix I

Glossary

1. **Assured Funds:** The Contractor is assured to receive the full contract amount in FFY07, providing good faith efforts are documented.
2. **Children**: A child from birth (0) through the 21st year, who is not otherwise included in any other class of individuals.
3. **Children with special health care needs**: All children with chronic conditions who require more than routine health care. The federal Maternal and Child Health Bureau's (MCHB) definition is as follows: "Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services at a type or amount beyond that required by children generally."

   This is not limited to those who would meet the Department of Health and Senior Services, Bureau of Special Health Care Needs program eligibility criteria.

   Examples using the broad federal MCHB definition: Children who have or are suspected of having the following conditions:

   a. chronic otitis media;
   b. behavioral problems such as Attention Deficit Disorder (ADD);
   c. learning disabilities;
   d. delayed speech development;
   e. age inappropriate height for weight;
   f. chronic infections;
   g. asthma;
   h. heart defects or conditions;
   i. scoliosis;
   j. diabetes;
   k. seizures;
   l. genetic conditions; and/or
   m. other conditions which require health and related services at a type and amount beyond that required by children generally.

4. **Community Partners:** A person, in an agency or other entity outside your direct control, upon whom you rely to build and sustain your service coordination system.
5. **Community-focused Intervention***:* The coordination functions performed to assure that preventive interventions and services are available for the entire MCH population of the jurisdiction. Interventions are focused to changing community norms, community attitudes, community awareness, community practices, and community behaviors. Interventions may be directed at the entire population in a community or sometimes toward target groups within the population.
6. **Deaths to Children Aged 1-14 Caused by Motor Vehicle Crashes**: Includes occupant, pedestrian, motorcycle, bicycle and related deaths caused by motor vehicles.
7. **Inadequate Birth Spacing:** Live births occurring to females who had a prior live birth within eighteen months.

Appendix I Glossary *(Continued)*

8. **Inadequate Prenatal Care:** Fewer than five prenatal visits for pregnancies less than 37 weeks, fewer than eight visits for pregnancies 37 weeks or longer, or care beginning after the first four months of pregnancy.
9. **Individual-focused intervention:** The coordination of needed services when working with an individual or family. Interventions that work to change the knowledge, attitudes, beliefs, practices, skills and behaviors of individuals. Interventions that work to change the knowledge, attitudes, beliefs, practices, skills and behaviors of individuals.
10. **Infants:** Children under one year of age not included in any other class of individuals.
11. **Intervention:** Actions taken on behalf of individuals, families, systems, and communities to improve or protect health status.
12. **Long-term Outcome:** Long term accomplishments to effect changes in population health status and/or the department's strategic objectives addressed by the contract. Improvement in the performance measure targets is the ultimate outcome.
13. **Medical home:** Primary health care that is: accessible, continuous, comprehensive, family centered, and coordinated and is directed by an appropriately trained and licensed health care professional.
14. **Milestone:** The critical steps that must be achieved to ensure that a project is on course to achieve the short-term outcomes.
15. **Outcome:** Benefits for participants or public following performance of work in a contract.
16. **Outcome Measurement:** The assessment of the results of a program compared to its intended purpose.
17. **Over Weight Child:** A child whose weight is at or above the 95th percentile.
18. **Performance Measure:** The specific item of information that tracks the contractor's success/effectiveness in completing the services described in the scope of work. A statement of a requirement that, when successfully addressed, will lead to an improved health status indicator and/or the department's strategic objectives addressed by the contract.
19. **Pregnant Woman:** A female from the time she conceives to 60 days after birth, delivery, or expulsion of fetus
20. **Preventive services:** Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.
21. **Service Coordination:** A collaborative process that addresses the health needs of a population through identification, assessment, referral, assurance, education and evaluation, using communications and available resources to promote quality and improved outcomes.
22. **Short-term Outcome:** For the MCH contract this means annual measures of change that make the system work better. The specific result that a contractor will commit to achieve within the contract period. Attainment can be verified through documentation provided by the contractor at the end of the contract year.
23. **Supplanting:** Utilizing funds from this contract to fund activities that are currently being funded from another source. However, the funding from this contract may be used to increase or expand activities funded by other sources.

Appendix I Glossary *(Continued)*

24. **System:** A perceived whole whose elements "hang together" because they continually affect each other over time and operate toward a common purpose.
25. **System-focused Intervention***:* Activities directed at improving and maintaining the health status of all women and children by providing support for infrastructure development and maintenance of comprehensive health systems. Interventions that work to change organizations, policies, laws, and power structures. There is less of a focus on the individuals and community, and more focus on the systems that impact health.
26. **Target Population/Program Participant:** People or entities that directly interact with an organization's interventions and service coordination system. This interaction is intended to result in a change in the participants' behavior or condition in line with short-term outcomes and mission.
27. **Uninsured:** Children without public or private insurance policies.
28. **Verification:** Establishing that something represented to happen, does in fact take place. Verification typically focuses on milestone and short-term outcome accomplishments.

Section 4: Scope of Work for MCH Contract

SCOPE OF WORK

MATERNAL CHILD HEALTH - TITLE V CONTRACT

October 1, 2006 - September 30, 2007

1.0 Purpose

1.1 To establish an integrated multi-tiered service coordination system (individual, community and system) capable of adapting to address targeted maternal-child health issues.

2.0 Deliverables

2.1 The Contractor shall execute the approved plan of work (Exhibit 1).

2.2 The Contractor shall comply with all terms and conditions set forth in the Program Guidance for FFY 2007 Maternal and Child Health (MCH) contracts.

3.0 Reports

3.1 The Contractor shall submit reports using the forms and/or formats specified by the Department of Health and Senior Services (hereinafter referred to as Department or state agency).

3.1.1 The Contractor shall report semi-annually on the following:

3.1.1.1 Progress toward milestone outcomes in the plan of work.

3.1.1.2 Cash match from any non-federal source, and must clearly document use of those funds for maternal and child health.

3.1.2 The Contractor shall report annually on progress toward short-term outcomes in the plan of work.

3.2 The semi-annual report on milestones shall be received by the Department no later than April 30th.

3.3 The year-end report on milestones and short-term outcomes shall be received by the Department no later October 30th.

4.0 Invoicing and Payments

4.1 The Contractor shall submit to the Department uniquely identifiable invoices for payment processing using the Vendor Request For Payment (DH-38).

4.2 The Contractor shall invoice the Department for one-twelfth of the total award amount by the last day of the month following each contract month.

5.0 Monitoring

5.1 The Department reserves the right to request an audit performed in accordance with generally accepted auditing standards at the expense of the Contractor at any time contract monitoring reveals such audit is warranted.

6.0 Special Provisions

6.1 The Contractor shall attend two (2) professional development offerings provided by the Department Maternal and Child Health program during the contract period.

6.2 The Contractor may request to amend the approved plan of work during the contract period by submitting, on their agency letterhead, the reason for the requested change(s), and the revised plan.

6.2.1 The Contractor shall submit such amendment requests by April 30th.

6.2.2 The Contractor may substitute short-term outcomes in the amended plan of work that are of equal value to the original short-term outcomes.

6.2.3 Requested amendments may be approved, modified, or rejected by the Department in accordance with the MCH Program Guidance.

6.3 The Contractor agrees that funds provided by the Department may not be used in any manner to replace or supplant state or federal funds for any service included in this contract. Funds shall be used to expand or enhance MCH activities. For payments under this contract, the Department shall be viewed as the payer of last resort.

6.4 Funding under this contract shall not be expended for the purpose of performing, assisting, or encouraging abortion, and none of these funds shall be expended to directly, or indirectly, subsidize abortion services.

6.5 Funding under this contract shall not be expended for the purpose of providing comprehensive family planning services.

6.6 Individuals with income falling below one hundred percent (100%) of the federal poverty guidelines shall not be charged for services under this contract. Poverty guidelines are published annually by the U. S. Department of Health and Human Services.

6.7 The Department reserves the right to unilaterally approve changes on any Department-supplied contract reporting forms and formats.

6.8 The Contractor may subcontract for the provision of services as described in this contract, provided that any subcontract include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the Contractor and the Department, including the civil rights requirements set forth in 19 CSR 10-2.010(5)(A)-(L), and provided that the Department approves the subcontracting arrangement prior to finalization. The Contractor shall ensure that the Department is indemnified, saved and held harmless from and against any and all claims of damage, loss, and cost (including attorneys fees) of any kind related to a subcontract in those matters described herein.

6.8.1 The Contractor shall expressly understand and agree that the responsibility for all legal and financial obligations related to the execution of a subcontract rests solely with the Contractor; and the Contractor shall assure and maintain documentation that any and all subcontractors comply with all requirements of this contract. The Contractor shall agree and understand that utilization of a subcontractor to provide any of the equipment or services in this contract shall in no way relieve the Contractor of the responsibility for providing the equipment or services as described and set forth herein.

6.9 The Contractor shall be responsible for assuring that all personnel including those of any subcontractor(s), are appropriately licensed or certified, as required by state, federal or local law, statute or regulation, respective to the services to be provided through this contract; and documentation of such licensure or certification shall be made available upon request.

6.10 The Contractor shall notify all subcontractor(s) of applicable Office of Management and Budget (OMB) administrative requirements, cost principles, and funding source information as included herein.

6.11 Business Associate Provisions:

6.11.1 Health Insurance Portability and Accountability Act of 1996 (HIPAA) - The state agency is subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all regulations promulgated pursuant to authority granted therein. The Contractor constitutes a "Business Associate" of the state agency as such term is defined in the Code of Federal Regulations (CFR) at 45 CFR 160.103. Therefore, the term, "Contractor" as used in this section shall mean "Business Associate."

a. The Contractor shall agree and understand that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms are defined in 45 CFR parts 160 and 164, including, but not limited to the following:

1) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
2) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR part 164, subpart C.
3) "Enforcement Rule" shall mean the HIPAA Administrative Simplification: Enforcement; Final Rule at 45 CFR parts 160 and 164.
4) "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).
5) "Protected Health Information," as defined in 45 CFR 160.103, shall mean individually identifiable health information:
   (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; or (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium.
   (2) Protected Health Information excludes individually identifiable health information in (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity [state agency] in its role as employer.
6) "Electronic Protected Health Information" shall mean information that comes within paragraphs (1)(i) or (1)(ii) of the definition of Protected Health Information.
7) The following terms shall have the same meaning as defined in 45 CFR 160.103 and 164.103, 164.304, and 164.501 and HIPAA: access, administrative safeguards, confidentiality, covered entity, data aggregation, designated record set, disclosure, hybrid entity, information system, physical safeguards, required by law, technical safeguards, use and workforce.

b. The Contractor agrees and understands that wherever in this document the term Protected Health Information is used, it shall also be deemed to include Electronic Protected Health Information.

c. The Contractor shall comply with 45 CFR part 160 and 45 CFR part 164, as currently in effect and as may be amended at some later date, and that to achieve such compliance, the Contractor must appropriately safeguard Protected Health Information, which the Contractor receives from or creates or receives on behalf of the state agency. To provide reasonable assurance of appropriate safeguards, the Contractor shall comply with the business associate provisions stated herein.

d. The state agency and the Contractor agree to amend the contract as is necessary for the parties to comply with the requirements of HIPAA and the regulations promulgated thereunder.

6.11.2 Permitted uses and disclosures of Protected Health Information:

a. The Contractor may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the state agency as specified in the contract, provided that such use or disclosure would not violate HIPAA and the regulations promulgated thereunder.

b. The Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR

164.502(j)(1) and shall notify the state agency by no later than ten (10) calendar days after the Contractor becomes aware of the disclosure of the Protected Health Information.

c. If required to properly perform the contract and subject to the terms of the contract, the Contractor may use or disclose Protected Health Information if necessary for the proper management and administration of the Contractor's business.

d. If the disclosure is required by law, the Contractor may disclose Protected Health Information to carry out the legal responsibilities of the Contractor.

e. The Contractor may use Protected Health Information to provide data aggregation services to the state agency as permitted by 45 CFR 164.504(e)(2)(i)(B).

6.11.3 Obligations of the Contractor:

a. The Contractor shall not use or disclose Protected Health Information other than as permitted or required by the contract or as otherwise required by law.

b. The Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the contract. Such safeguards may include, but shall not be limited to:

1) Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract.
2) Policies and procedures implemented by the Contractor to prevent inappropriate uses and disclosures of Protected Health Information by its workforce.
3) Any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information.

c. With respect to Electronic Protected Health Information, the Contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that Contractor creates, receives, maintains or transmits on behalf of the state agency.

d. The Contractor shall require that any Agent or Subcontractor to whom the Contractor provides any Protected Health Information received from, created by, or received by the Contractor pursuant to the contract, also agree to the same restrictions and conditions stated herein that apply to the Contractor with respect to such information.

e. By no later than ten (10) calendar days of receipt of a written request from the state agency, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the state agency, the Contractor shall make the Contractor's internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, created by, or received by the Contractor on behalf of the state agency available to the state agency and/or to the Secretary

of the Department of Health and Human Services or designee for purposes of determining compliance with HIPAA and the regulations promulgated thereunder.

f. The Contractor shall document any disclosures and information related to such disclosures of Protected Health Information as would be required for the state agency to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528. By no later than five (5) calendar days of receipt of a written request from the state agency, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the state agency, the Contractor shall provide an accounting of disclosures of Protected Health Information regarding an individual to the state agency.

g. In order to meet the requirements under 45 CFR 164.524 regarding an individual's right of access, the Contractor shall, within five (5) calendar days following a state agency request, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the state agency, provide the state agency access to the Protected Health Information in an individual's designated record set. However, if requested by the state agency, the Contractor shall provide access to the Protected Health Information in a designated record set directly to the individual for whom such information relates.

h. At the direction of the state agency, the Contractor shall promptly make any amendment(s) to Protected Health Information in a designated record set pursuant to 45 CFR 164.526.

i. The Contractor shall report to the state agency's Security Officer any security incident immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. For purposes of this paragraph, security incident shall mean the unauthorized access, use, modification or destruction of information or interference with systems operations in an information system. The Contractor shall include a description of any remedial action taken to mitigate any harmful effect of such incident. The Contractor shall also provide the state agency's Security Officer with a proposed written plan of action for approval that describes plans for preventing any such future security incidents.

j. By no later than five (5) calendar days after the Contractor becomes aware of any use or disclosure of the Protected Health Information not permitted or required as stated herein, the Contractor shall notify the state agency's Privacy Officer, in writing, of the unauthorized use or disclosure and shall take immediate action to stop the unauthorized use or disclosure. The Contractor shall include a description of any remedial action taken to mitigate any harmful effect of such disclosure. The Contractor shall also provide the state agency's Privacy Officer with a proposed written plan of action for approval that describes plans for preventing any such future unauthorized uses or disclosures.

k. Notwithstanding any provisions of Paragraph five (5) of the Terms and Conditions attached hereto, in order to meet the requirements under HIPAA and the regulations promulgated thereunder, the Contractor shall keep and

retain adequate, accurate, and complete records of the documentation required under these provisions for a minimum of six (6) years as specified in 45 CFR part 164.

6.11.4 Obligations of the State Agency:

a. The state agency shall notify the Contractor of limitation(s) that may affect the Contractor's use or disclosure of Protected Health Information, by providing the Contractor with the state agency's notice of privacy practices in accordance with 45 CFR 164.520.

b. The state agency shall notify the Contractor of any changes in, or revocation of, authorization by an Individual to use or disclose Protected Health Information.

c. The state agency shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the state agency has agreed to in accordance with 45 CFR 164.522.

d. The state agency shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA and the regulations promulgated thereunder.

6.11.5 Expiration/Termination/Cancellation - Except as provided in the subparagraph below, upon the expiration, termination, or cancellation of the contract for any reason, the Contractor shall, at the discretion of the state agency, either return to the state agency or destroy all Protected Health Information received by the Contractor from the state agency, or created or received by the Contractor on behalf of the state agency, and shall not retain any copies of such Protected Health Information. This provision shall also apply to Protected Health Information that is in the possession of Subcontractors or Agents of the Contractor.

a. In the event the state agency determines that returning or destroying the Protected Health Information is not feasible, the Contractor shall extend the protections of the contract to the Protected Health Information for as long as the Contractor maintains the Protected Health Information (at a minimum for the six (6) year retention required under 45 CFR part 164) and shall limit the use and disclosure of the Protected Health Information to those purposes that made return or destruction of the information infeasible. If at any time it becomes feasible to return or destroy any such Protected Health Information maintained pursuant to this paragraph, the Contractor must notify the state agency and obtain instructions from the state agency for either the return or destruction of the Protected Health Information.

6.11.6 Breach of Contract– In the event the Contractor is in breach of contract with regard to the business associate provisions included herein, the Contractor agrees and understands that in addition to the requirements of the contract related to cancellation of contract, if the state agency determines that cancellation of the contract is not feasible, the State of Missouri may elect not to cancel the contract, but the state agency shall report the contractual breach to the Secretary of the Department of Health and Human Services.